

Name in Full		SOPHIA BEANS				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Pomquet		County Cumberland		MARYLAND	
	Date of death	1905	Month May	Day 8	Age	Years 90	Months —
	Sex	Female		Color or Race	Colored		
	Occupation	Housewife		Where Residing if not at place of death	At place of death		
	Married, Single or Widowed	Widow		Name of Wife or Husband	James Beans		
	Father's Name					Father's Birthplace	
	Mother's Maiden Name	Priscilla Marshall				Mother's Birthplace Cris. Co.	
	Name of person giving information	Richard Miles				How related to deceased Grand son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	Five days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				E. W. Mitchell		
	Accident or Suicide?				Address Pomquet, Md.		

Elmer T. ...

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Name
in
Full

Elsie Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Belknap Beach* ^{County} *Charles*

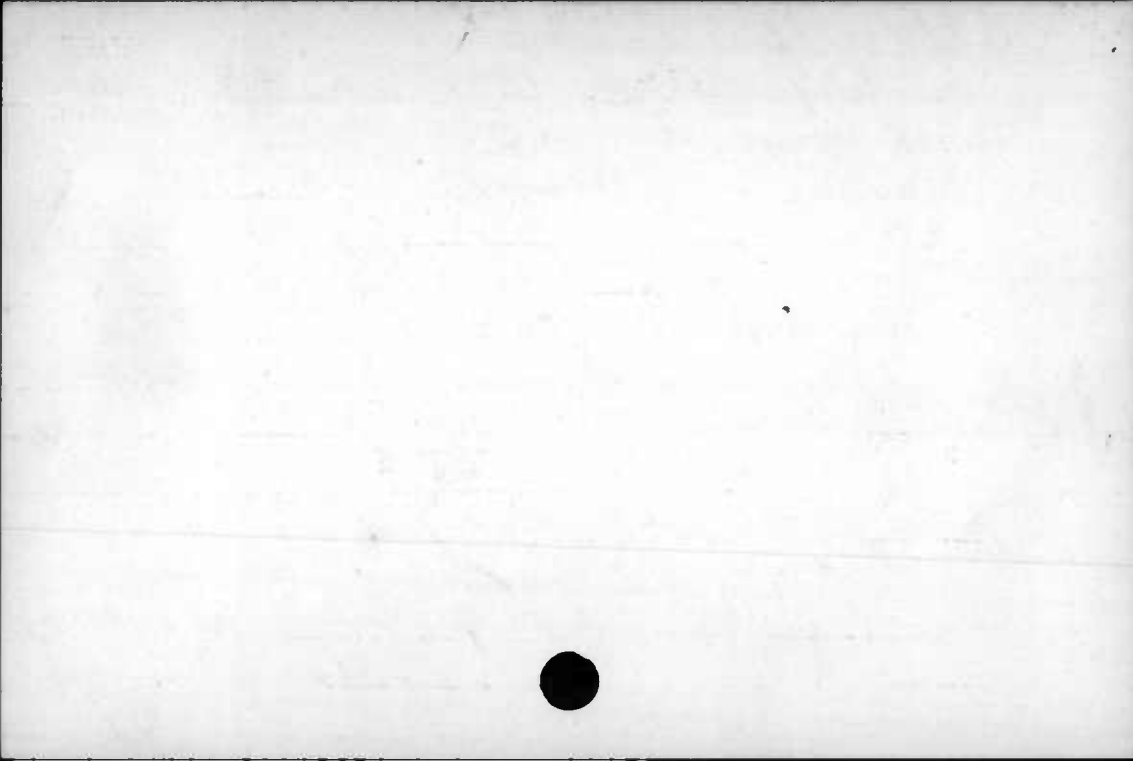
MARYLAND

Date of death *1905 May 5* Age *32* Months *—* Days *—*Sex *Female* Color or Race *Black* Birth-place *md*Occupation *House wife* Where Residing If not at place of deathMarried, ~~Single~~ *Yes* Name of Wife or Husband *Willie Briscoe*Father's Name *Joseph Hansen*Father's Birthplace *md*Mother's Maiden Name *M. Jane Gainer*Mother's Birthplace *md*Name of person giving information *James Butler*How related to deceased *—*

CAUSES OF DEATH

Primary *Nephritic dropsy* *md* *How long*Immediate *Complicated*How long *Two weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. N. Spence md*Address *Brayton md*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Albin Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mar Crass Roads Charles County MARYLAND

Date of death 1905 May 6 Age 34 Months Days

Sex Male Color or Race Black (mixed) Birth-place Md.

Occupation Mechanic Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife Lizzie Carroll

Father's Name Anthony Carroll Father's Birthplace Md

Mother's Maiden Name Angeline Posey Mother's Birthplace Md

Name of person giving information Thomas Backman How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis (Consumption) How long 1 year or more

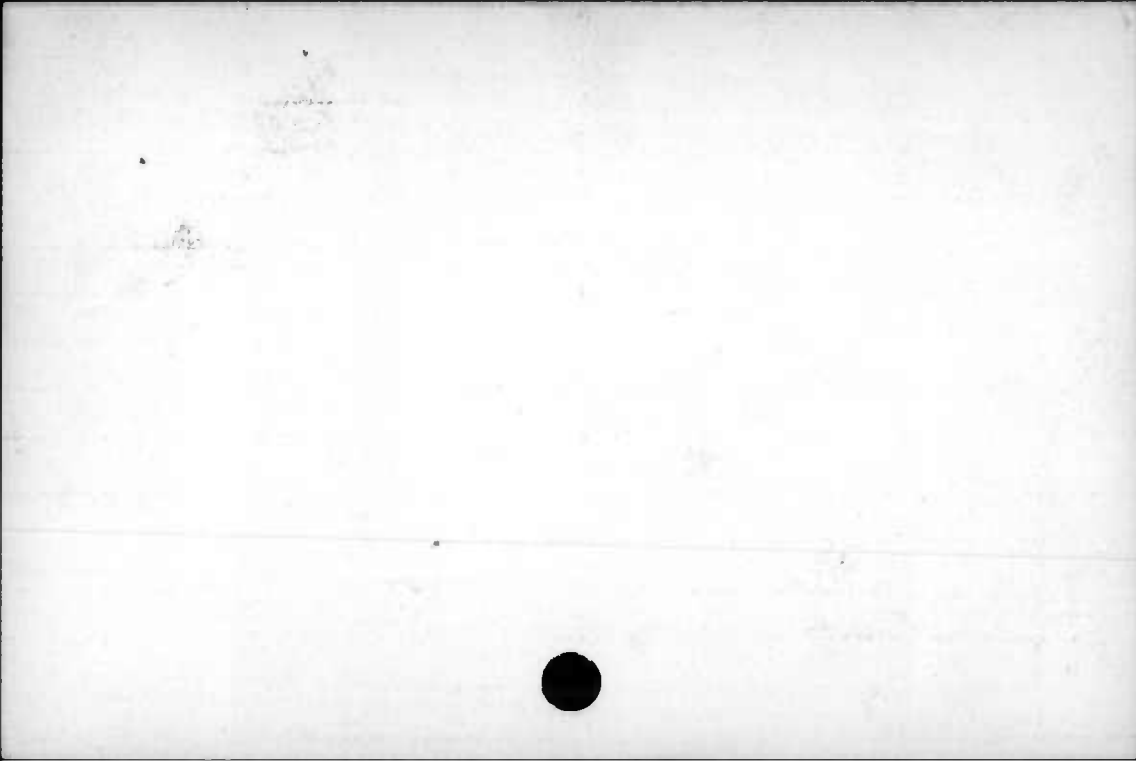
Immediate Hemorrhage & Exhaustion How long one or two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D. H. Shearman

Address Wrighton Md.

Accident or Suicide?



Name
in
Full

Mary L. Lebow

CERTIFICATE OF DEATH

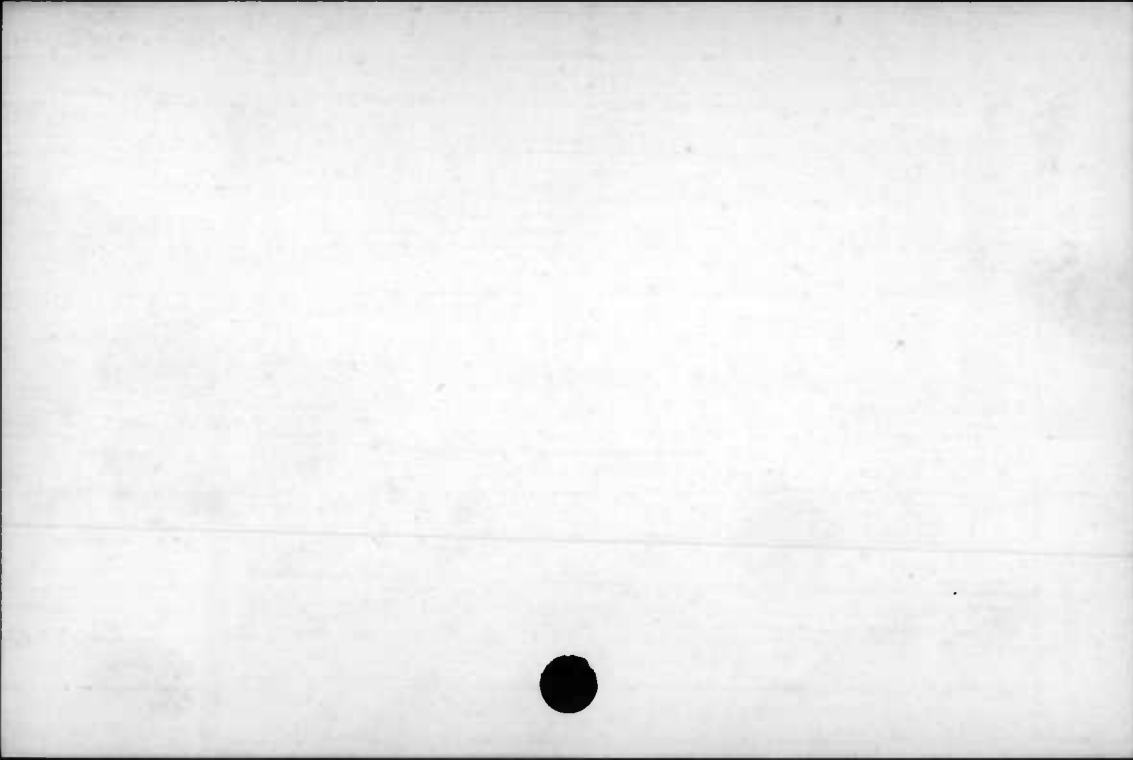
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Byamington</u> Town		<u>Lehman</u> County		MARYLAND	
Date of death	190 <u>2</u>	Month <u>May</u>	Day <u>8</u>	Age <u>—</u> Years	Months <u>6</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Indy</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>R. B. Lebow</u>			Father's Birthplace <u>Indy</u>		
Mother's Maiden Name <u>Ann Lebow</u>			Mother's Birthplace <u>Indy</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bronchitis pneumonia</u>	How long	<u>2 days</u>
Immediate	<u>Strangulation</u>	How long	<u>1/2 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. L. Schappert</u>	
		Address <u>Highway 100, Ind.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Walter Bridges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		5	4	20			4
Sex		Color or Race		Birth-place			
Male		Colored		Charles 20			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Charles Bridges							
Mother's Maiden Name				Mother's Birthplace			
Millie Bridges							
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	50 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<input checked="" type="checkbox"/>		J. H. Long	
		Address	
		Newberg, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

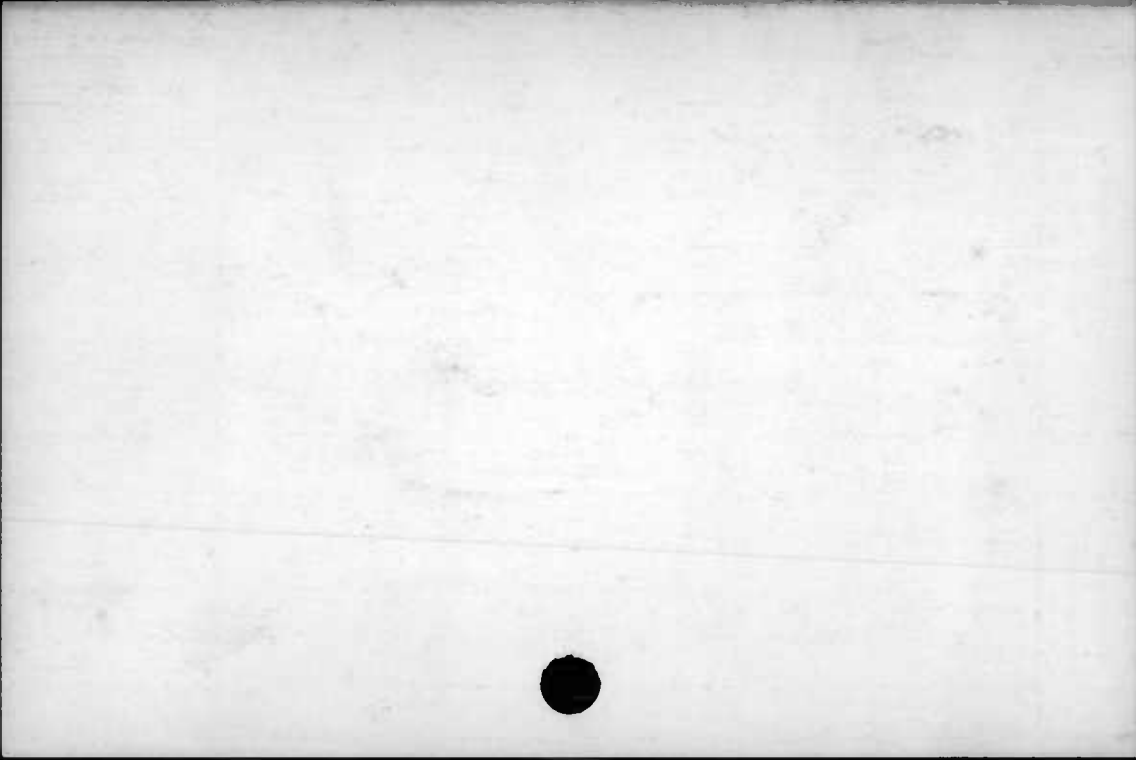
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Diggs</i>			Town <i>La Plata (near)</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>May</i>	Day <i>19</i>	Age <i>27</i>	Years	Months
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>				
Occupation <i>housewife</i>				Where Residing if not at place of death <i>near La Plata</i>				
Married, Single or Widowed				Name of Wife or Husband <i>Wm H Diggs</i>				
Father's Name <i>Chas W. Marshall</i>				Father's Birthplace <i>Charles Co.</i>				
Mother's Maiden Name <i>Jennie Smallwood</i>				Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Wm H Diggs</i>				How related to deceased <i>husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary consumption</i>		How long <i>about 2 or 3 yrs</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. S. Brown M.D.</i>	
		Address <i>La Plata Md</i>	
Accident or Suicide?			



Name
in
Full

Louis Nace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bryantown Town Chances County MARYLAND

Date of death 190 5 Month May Day 13 Age 43 Years — Months — Days —

Sex Female Color or Race Coid Birth-place md

Married, Single or Widowed married Occupation Housewife

Name of Wife or Husband Henry Nace

Father's Name Geo. Newalls Father's Birthplace md

Mother's Maiden Name — Mother's Birthplace md

Name of person giving information Harry Nace How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. O. Broadhead, M.D.
Bryantown,
md.

Accident or Suicide?



Name
in
Full

Gracy C. Haywood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New River</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>25</i>	Age <i>—</i>	Months <i>—</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Chas Co, Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edgar Haywood</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Hennie Richardson</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Edgar Haywood</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>151</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Clements Sub. R.</i>
<i>Q</i>	Address <i>Ironside</i>
Accident or Suicide? <i>Q</i>	<i>Md</i>



Name
in
Full

Arthur Zlyles

CERTIFICATE OF DEATH

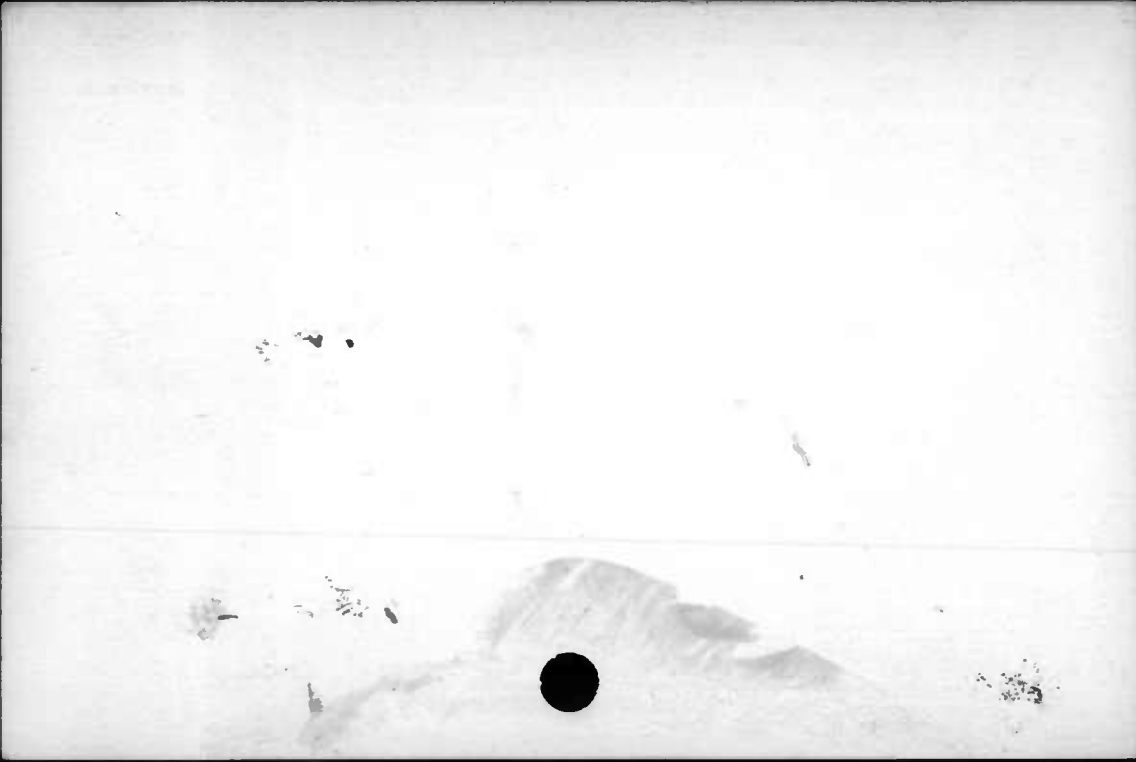
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Way Side		County Charles		MARYLAND	
Date of death	1909	Month 8	Day 22	Age 21	Years	Months	Days 22
Sex	male		Color or Race	Colored		Birth-place	Charles Co
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Zlyles					Father's Birthplace	
Mother's Maiden Name	anna Zlyles					Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spinal Neuritis ascending		How long	3 years
Immediate	malnutrition general		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician E. J. [Signature]	
			Address Bal alson Md	
Accident or Suicide?				



Name
in
Full

William T. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Bryantown* Town *Charles* County

Date of death *1905* *May* Month *17* Day Age *62* Years Months — Days —

Sex *male* Color or Race *white* Birth-place *Ta*

Occupation *Miller* Where Residing if not at place of death —

Married, Single or Widowed *married* Name of Wife or Husband *Rebecca Jackson*

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information *John Robey* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Uræmia* How long *2 days*

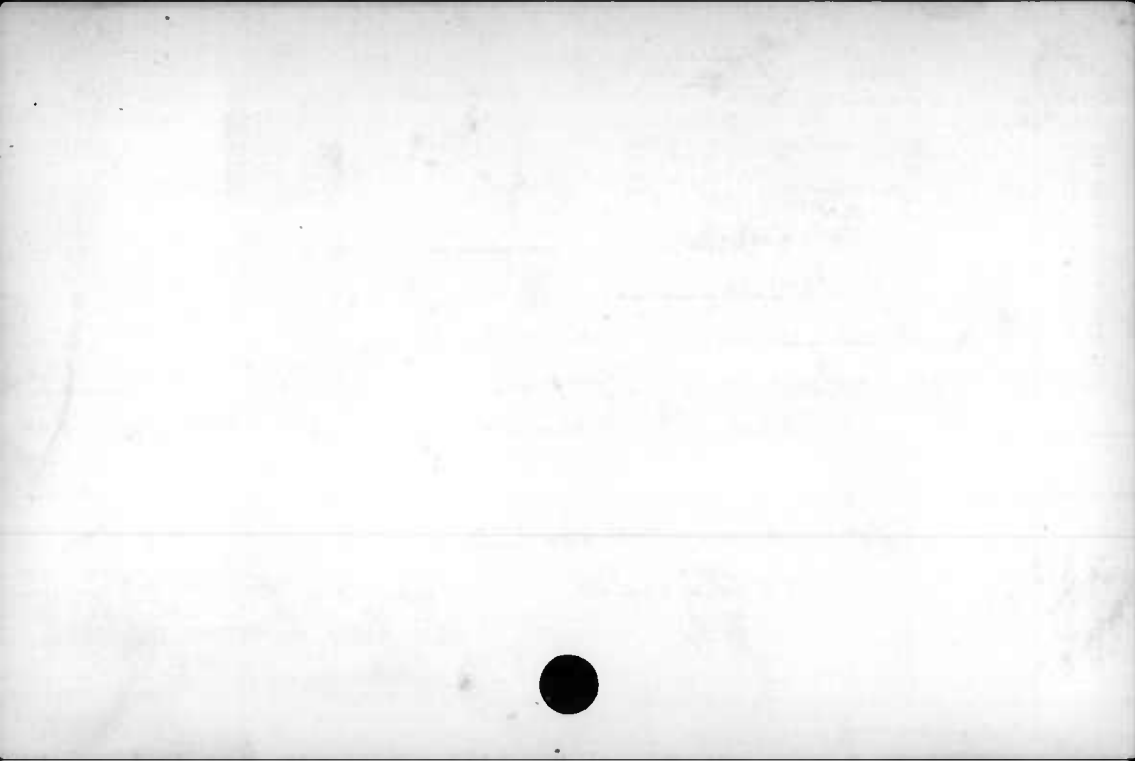
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. C. Conried, M.D.*

Address *Bryantown*

Accident or Suicide? *No*



Name
in
Full

Lou Love

CERTIFICATE OF DEATH

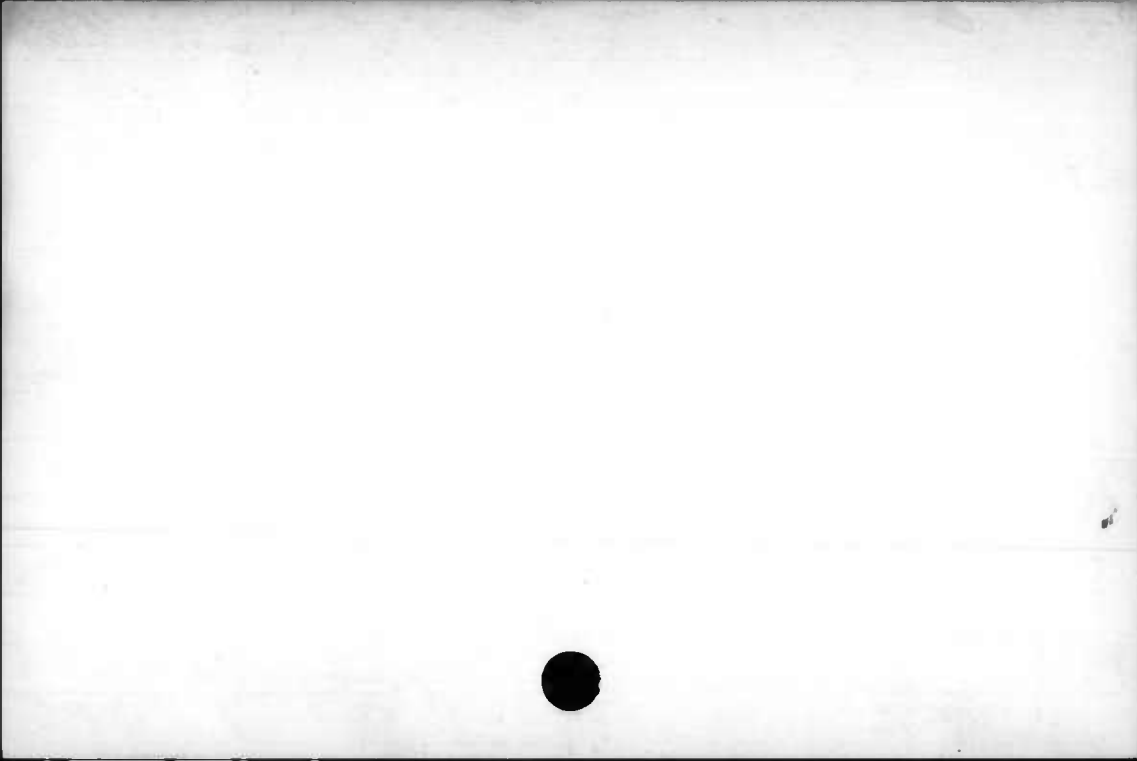
TO BE ANSWERED BY
NEAREST FRIEND

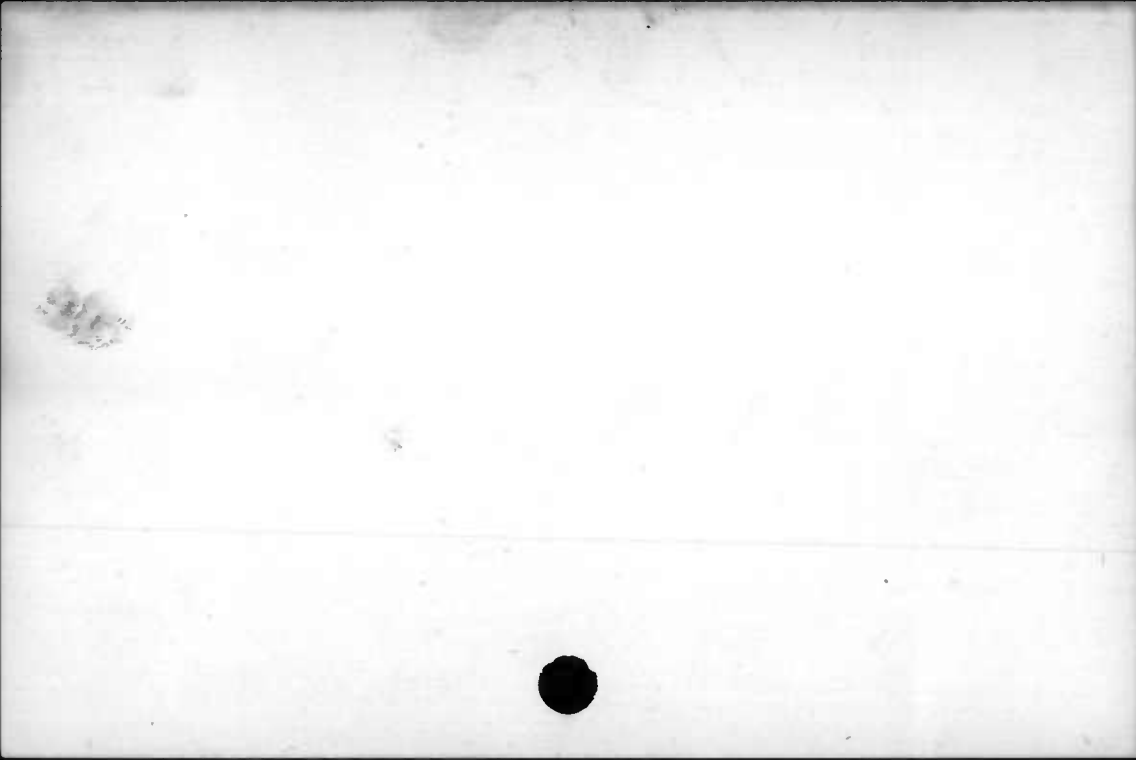
Died at <i>Rundict-</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>May</i>	Day <i>9th</i>	Years <i>22</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Coid</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Servant-</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jas. Henry Love</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Jane Mack</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Geo. W. Johnson</i>			How related to deceased <i>Brother in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>1 year</i>
Immediate <i>Asthenia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. C. Carver M.D.</i>
Accident or Suicide? <i>Q</i>	Address <i>Wyeentown, Md.</i>





Name
in
Full

CERTIFICATE OF DEATH

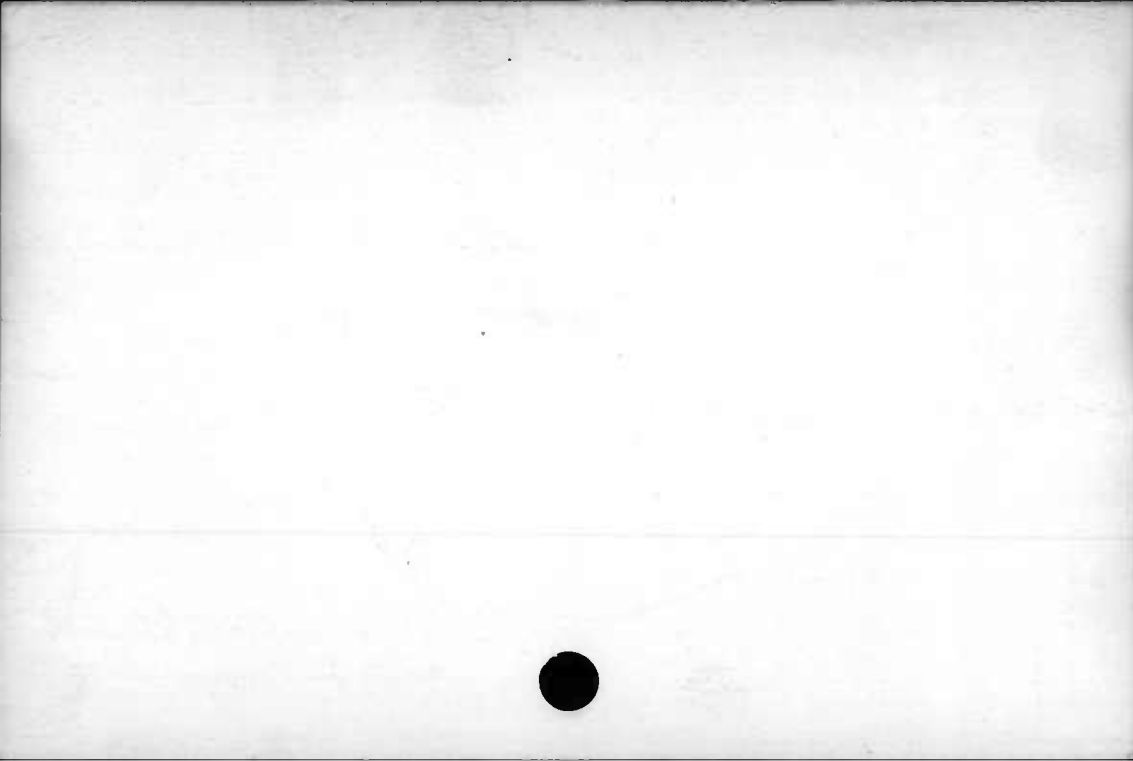
TO BE ANSWERED BY
NEAREST FRIEND

Name of deceased <i>John Harrison Middleton</i>		Town <i>Charles</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>		Month <i>May</i>	Day <i>24th</i>	Age <i>2 months</i>	Years <i>26</i>	Months	Days
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>near Charles Co.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>William Middleton</i>				Father's Birthplace <i>Char. Co.</i>			
Mother's Maiden Name <i>Mary Marshall</i>				Mother's Birthplace <i>Char. Co.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>10 days</i>
Immediate	<i>unknown</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>B. N. Posey</i>	
		Address	
		<i>Faulkner</i>	
Accident or Suicide?			



Name
in
Full

Joseph Carroll Moore

CERTIFICATE OF DEATH

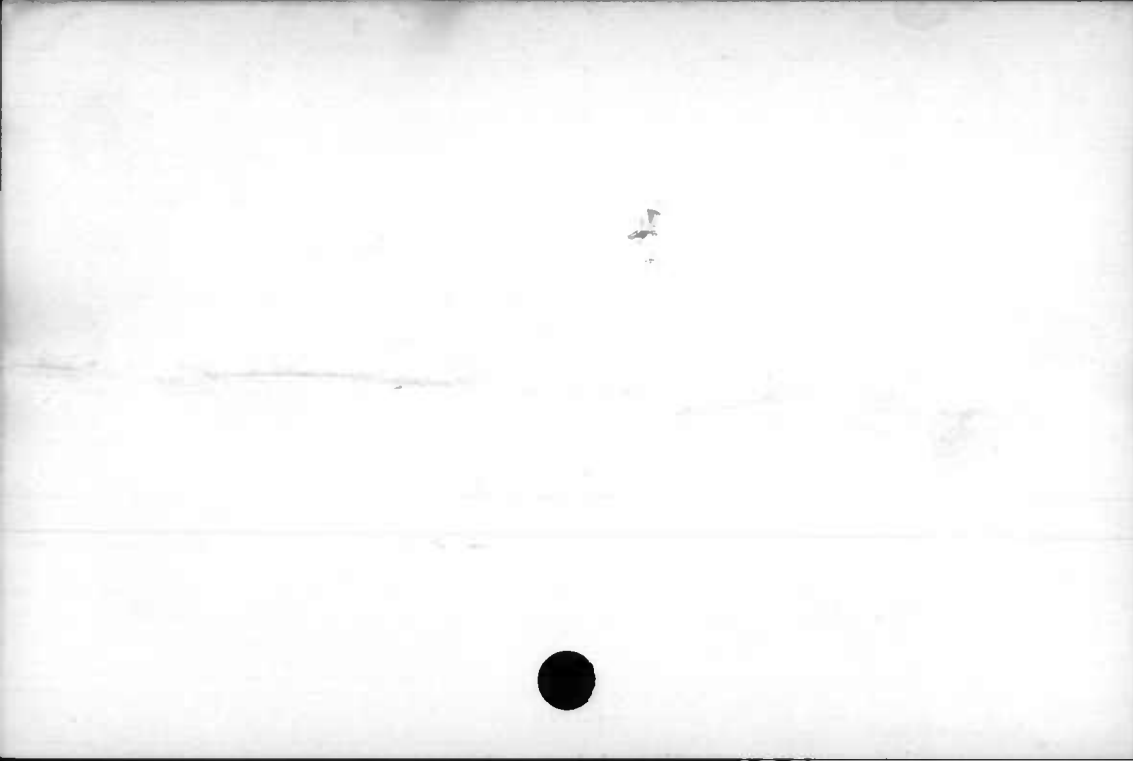
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1905-	May	3				5-	
Sex	males		Color or Race	White		Birth-place	md
Married, Single or Widowed	Infant			Occupation			
Name of Wife or Husband							
Father's Name	Wm Carroll Moore				Father's Birthplace	md	
Mother's Maiden Name	May Lyon				Mother's Birthplace	md	
Name of person giving information	Father				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gonorrhea		How long	few hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. B. Goodkind
			Address	Bayan... md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

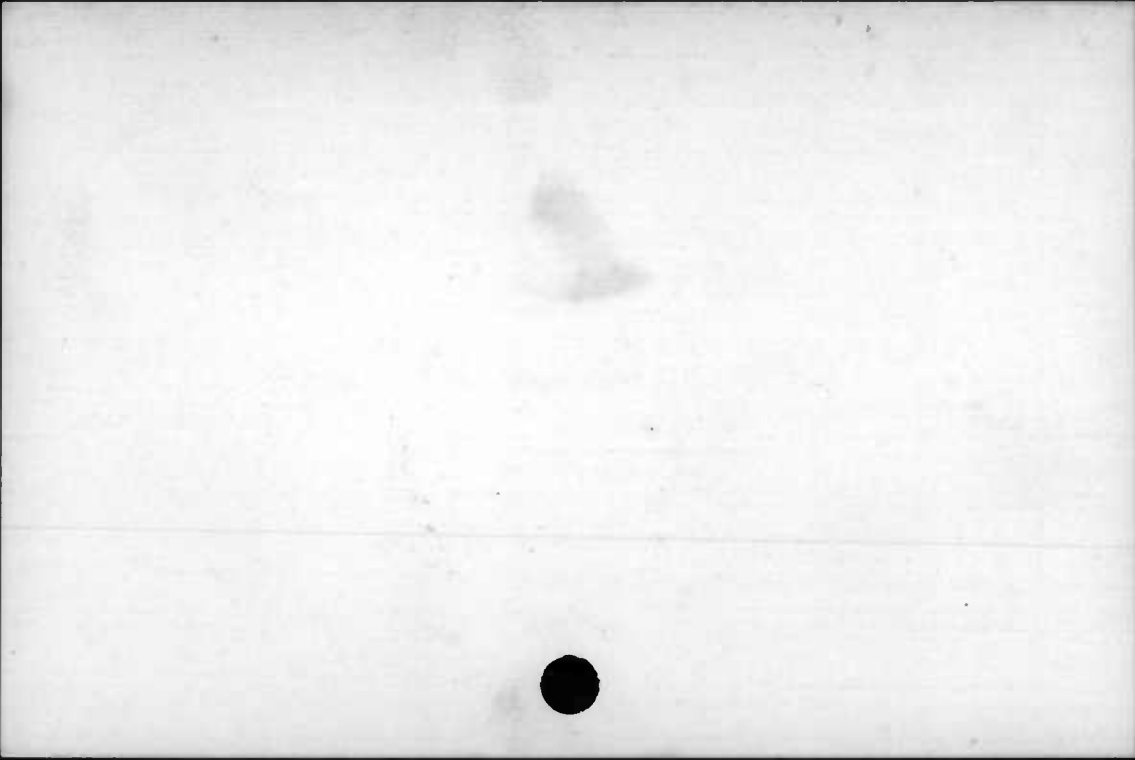
TO BE ANSWERED BY
NEAREST FRIEND

Grandson Morris		County		MARYLAND	
Died at <u>near Doncaster</u>		Town		Charles	
Date of death <u>1905</u>		Month <u>May</u>		Day <u>19</u>	
Sex <u>Male</u>		Color or Race <u>78</u>		Age <u>98</u>	
Occupation <u>Farmer and Laborer</u>		Birth-place <u>Charles County</u>		Months	
Where Residing if not at place of death <u>near Doncaster Md</u>		Years		Days	
Married, <u>Single</u> or Widowed		Name of Wife <u>Mattha Morris</u> Husband			
Father's Name <u>Don't know</u>		Father's Birthplace			
Mother's Maiden Name <u>Hilda Morris</u>		Mother's Birthplace			
Name of person giving information <u>William Morris</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>old age</u>	How long	<u>1 year or more</u>
Immediate	<u>old</u>	How long	<u>154</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Maximilian Clements</u>		
	Address <u>Sub Regt -</u>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *New Town* TownCounty *Charles*

MARYLAND

Date
of death *1905 May* MonthDay *13*Age *about 70* Years

Months

Days

Sex *Male*Color or
Race*Colored*Birth-
place

Occupation

*Former School Teacher*Residing if not
place of death*New Town*Married, Single
or Widowed*Married*Name of Wife
HusbandFather's
Name*Not Known*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*B. Johnson*How related
to deceased*Not Related*

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

Immediate

Dr. [unclear] [unclear] [unclear] [unclear]

How long

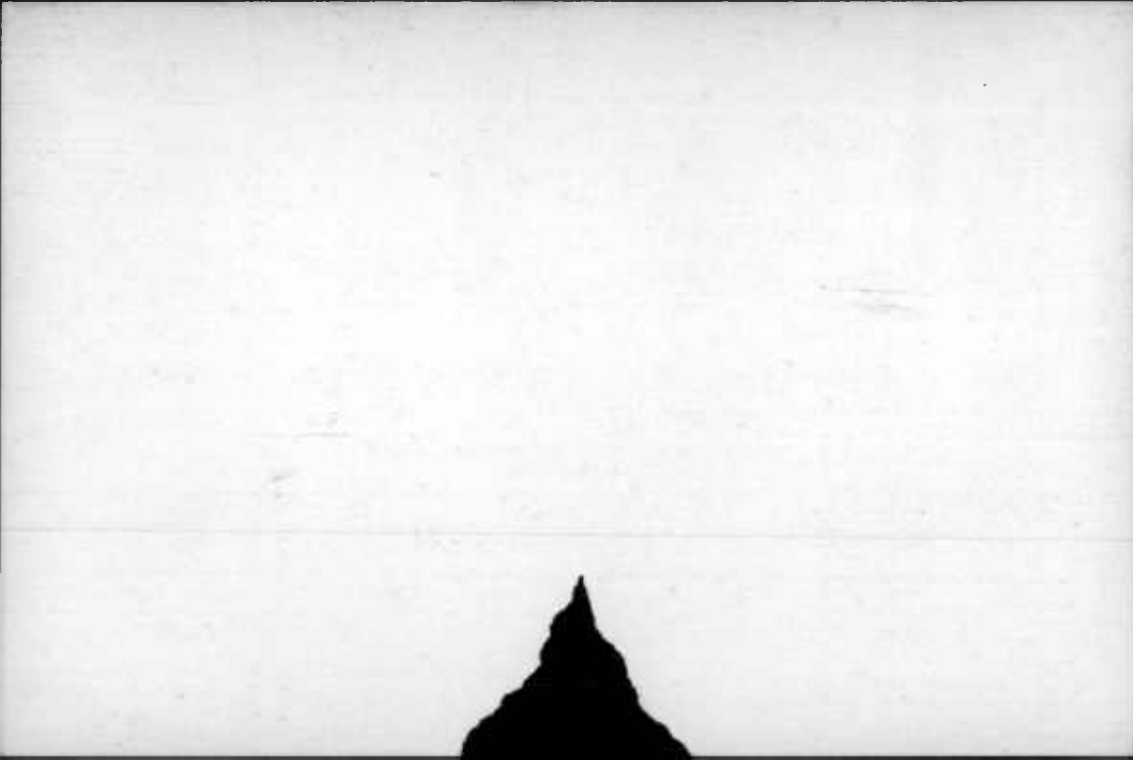
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Thos. S. Owen**La Plata*

Accident or Suicide?

Med



PHYSICIAN
OR CORONER

Louis Perre

CERTIFICATE OF DEATH

Died at *of* ^{Town} *Fairview*

County
Charlotte

MARYLAND

Date of death	1905	Month May	Day 12
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Age 24 Years

Months

Days

Sex *Male*

Color or Race

African

Birth-
place

Q. Hunter Co

Occupation *Writer*

Where Residing if not
at place of death

Married, Single or Widowed *Married*

Name of Wife or
~~Husband~~

Elizabeth Penn

Father's Name Oscar Penn

Father's Birthplace *Glenn - Ca*

Mother's Maiden Name *Eveline Dunmore*

Mother's Birthplace *Calicut Co*

Name of person giving information *Robert Sleest*

How related to deceased *Father's*

CAUSES OF DEATH

Primary Pulmon. Tuberculosis

How long 18 months

Immediate *As Himmer*

How long 40 months

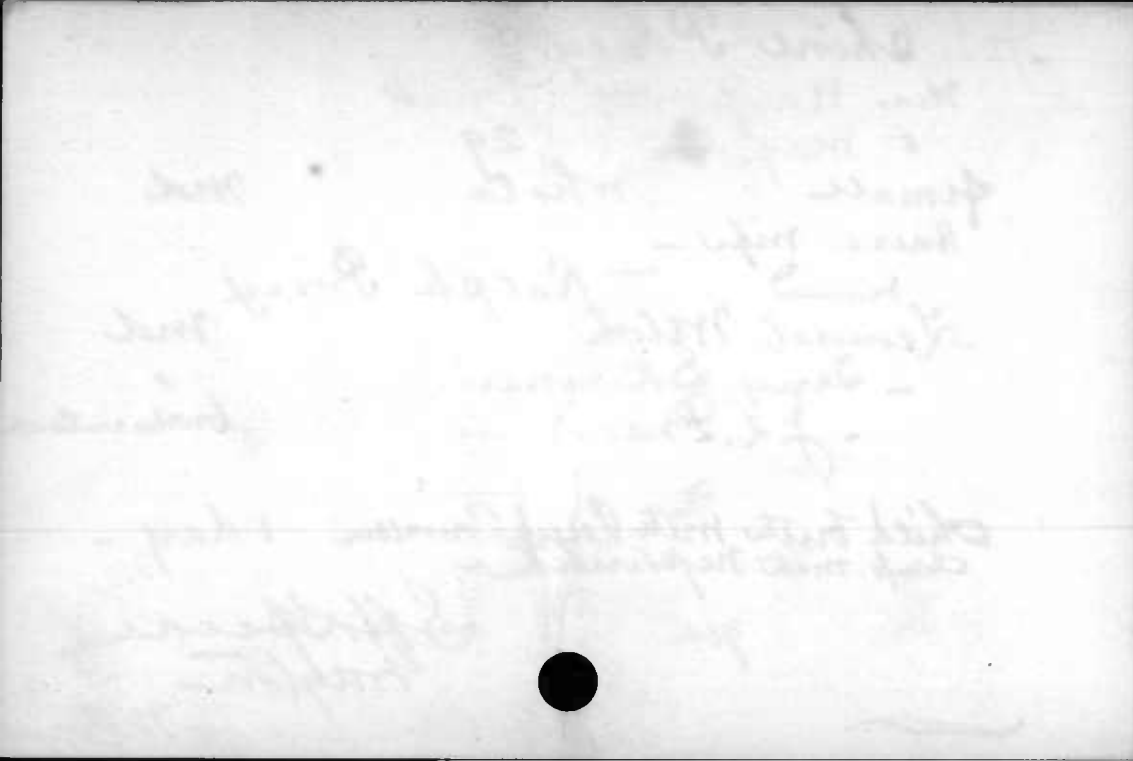
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



PHYSICIAN
OR CORONER

Josephine Posey

CERTIFICATE OF DEATH

MARYLAND

Died at near Naukumy ^{Town} Chat ^{County}

Date of death 1905	Month May	Day 2	Years Age 29	Months	Days
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Sex	Female	Color or Race	White	Birth-place	md
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Occupation	Housewife	Where Residing if not at place of death
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Married, Single or Widowed	Married	Name of Husband	Ralph Foxey
Father's	Y	Father's	

Father's Name	Jemmel Welch	Father's Birthplace	Ind
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Mother's
Maiden Name Jane Skinner Mother's
Birthplace

Name of person giving Information	E. J. Frank (24)	How related to deceased	brother in law
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CAUSES OF DEATH

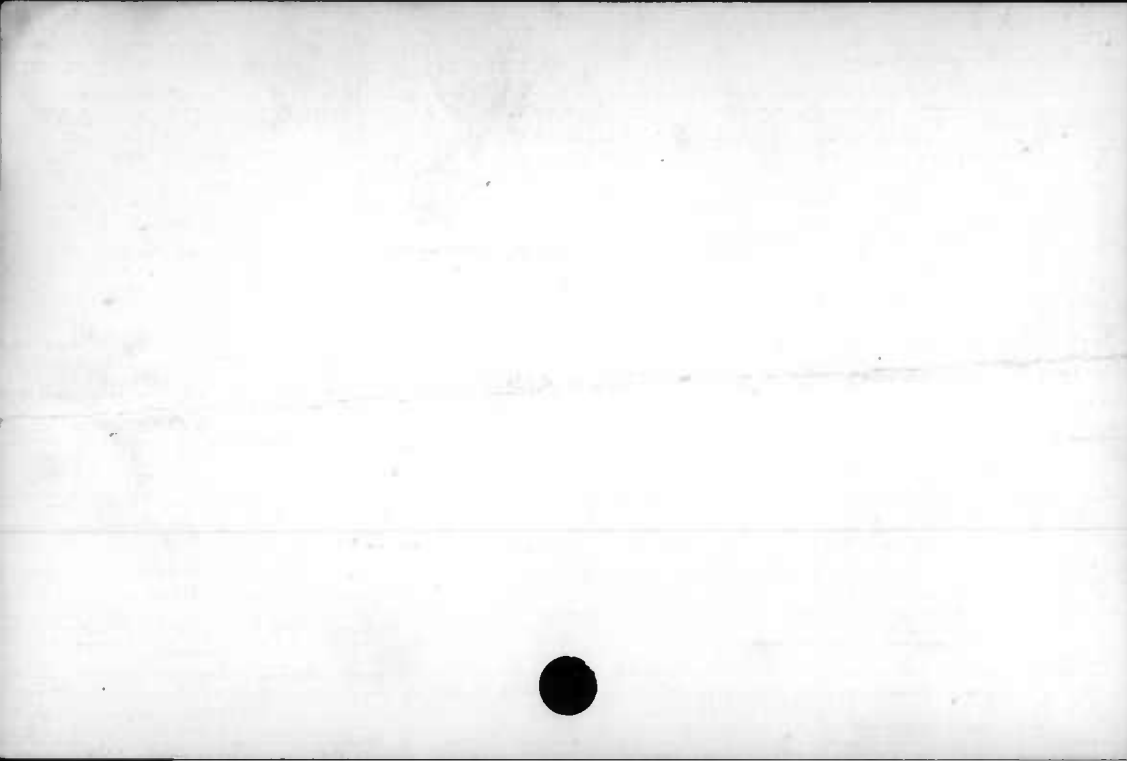
Primary	Child birth with Puerp. Convulsion	How long	1 day
Immediate	Imp. milk retracted -	How long	

Are the name, age, sex, color, date and place correctly given above? *MA*

Signature of Physician

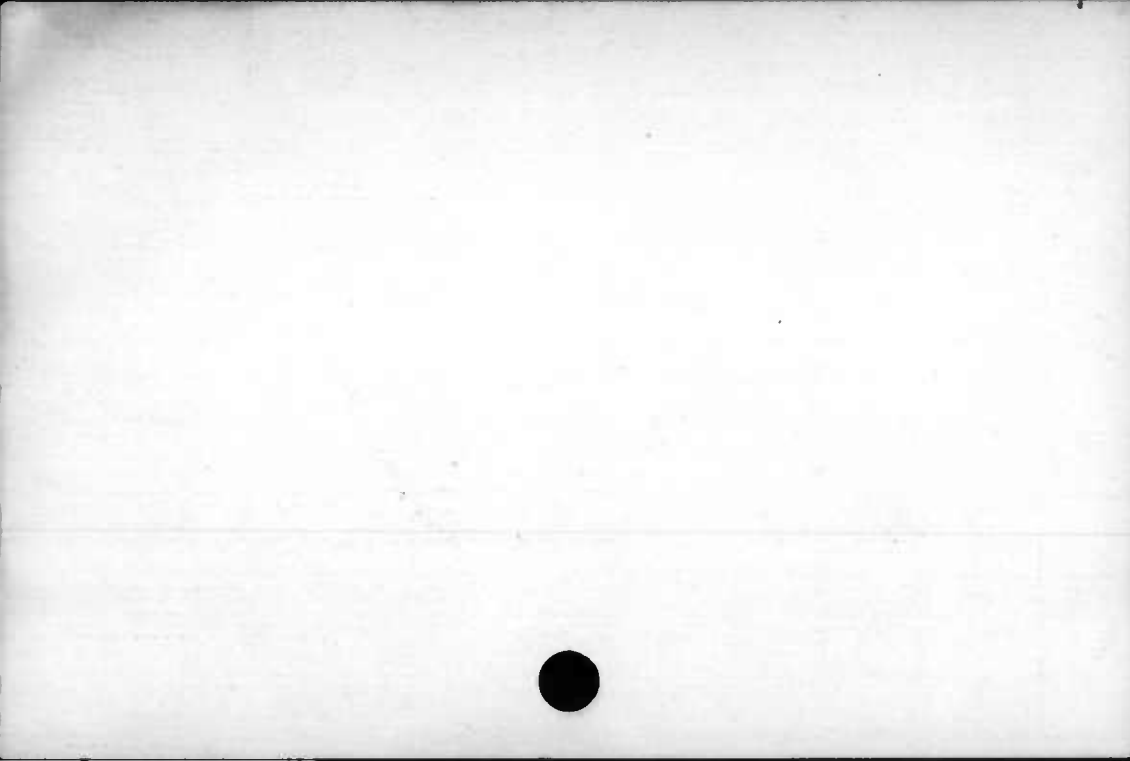
Address

Answer: ☐ Yes ☐ No ☐ Maybe



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full		Town		County		STATE	
James de Barth Walbach Jr.		Bryan town		Charles		MARYLAND	
Died at		Date of death		Age		Months Days	
1905 May 23		45					
Sex		Color or Race		Birth-place			
male		white		Md			
Occupation		Where Residing if not at place of death					
P.O. Inspector		—					
Married, Single or Widowed		Name of Wife or Husband					
Married		May Walbach					
Father's Name		Father's Birthplace					
J. Elzer Gordinier		Md					
Mother's Maiden Name		Mother's Birthplace					
Alice Walbach		Md					
Name of person giving information		How related to deceased					
Dr. J. Elzer Gordinier		Brother					
CAUSES OF DISEASE							
Primary		How long					
Diabetes & Consumption		12 to 6 months					
Immediate		How long					
Exhaustion							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		L. C. Gordinier					
Address							
Bryan town							
Accident or Suicide?							



Name

in
Full

Mary Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDonough</i> Town		<i>Chal</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>18</i>	Age <i>38</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Chal Co Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>McDonough Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Warren</i>				
Father's Name <i>Unknown</i>	Father's Birthplace				
Mother's Maiden Name <i>Charity Chesley</i>	Mother's Birthplace <i>Chal Co Md</i>				
Name of person giving information <i>Nancy Warren</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble</i>	How long <i>2 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>None Attending</i>
<i>Yes</i>	Address
Accident or Suicide?	<i>W. F. Browner</i>

Report of G. W. Brawner
and Ray

Name
in
Full

Wedding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mrs. Looncha</i> <i>Chal</i> County		TOWN		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>26</i>	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ches. B. Md</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>none</i>						
Name of Wife or Husband <i>none</i>							
Father's Name <i>Peter Wedding</i>				Father's Birthplace <i>Ches. B. Md</i>			
Mother's Maiden Name <i>Fanny Wedding</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Wm. Hansen</i>				How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>S.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address
Accident or Suicide?	<i>Wm. H. Brown</i> <i>Sub Reg</i>

Reported by W. F. Branner

Sub. Ry.

Name
in
Full

Fanny Wedding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>M. Leach</i> Town		<i>Chol</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>26</i>	Age <i>44</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Chol Co Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Peter Wedding</i>					
Father's Name <i>James Wedding</i>				Father's Birthplace <i>Chol Co Md</i>	
Mother's Maiden Name <i>M. E. Franklin</i>				Mother's Birthplace <i>Chol Co Md</i>	
Name of person giving information <i>Wm. Hanson</i>				How related to deceased <i>Friend</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child Birth</i>	How long <i>2 days</i>
Immediate	How long <i>130</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address
Accident or Suicide?	<i>Wm. F. Browner Sub Reg</i>

Reportedly B. F. Prawn
Snake Reef

Name
in
Full

George Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Pisgah Town

Charles County

Date of death 1905 5

Month

Day 22

Age 64

Years

Months

Days

Sex M

Color or
Race CBirth-
place Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

M.

Name of Wife or
HusbandFather's
Name

James Willis

Father's
Birthplace

Md

Mother's
Maiden NameMother's
Birthplace

Md

Name of person giving
In formation

Walter Smith

How related
to deceased

Son in Law

CAUSES OF DEATH

Primary

Atherosclerotic Condition of Blood

How long

One year

Immediate

Paralysis of Heart Failure

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Hammon M.D.

Accident or Suicide?

Yes.

PHYSICIAN
OR CORONER

